

I

RURAL DISTRICT OF BRACKLEY



# ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

Year 1970

JOAN M. St. V. DAWKINS



B R A C K L E Y   R U R A L   D I S T R I C T   C O U N C I L


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Senior Assistant County Medical Officer of Health,  
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Public Health Inspector:

Mr. N. R. Caley, M.R.S.H., M.A.P.H.I..

Clerk to the Public Health Inspector:

Mrs. S.A. Spiers.

Rodent Operative:

Mr. W.G. Roadman.



TO THE CHAIRMAN AND MEMBERS OF  
THE RURAL DISTRICT COUNCIL OF BRACKLEY

Mr. Chairman, My Lady, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health incorporating that of the Public Health Inspector.

The report is presented once again, in seven sections each dealing with an aspect of environmental control; the first on natural and social conditions; the second on the provisions of health and welfare services; the third on sanitary circumstances; the fourth on housing; the fifth on food; the sixth on the control of infectious and other diseases, and the seventh on rodent control. In addition, while increasingly health prevention is becoming a matter of individual concern, a number of general observations are made on trends which could prove inimical to health either, now, or in the future.

The district continues to be pleasantly rural in character, much of it still unspoiled and with agriculture continuing as the main occupation. There is no atmospheric pollution and little industry.

The vital statistics for the year show that there were 120 deaths. This gives a standardised rate of 8.6 compared with 11.0 last year, and with the national figure of 11.7. The total number of births was 221 (of which 10 were illegitimate) compared with 250 last year, and showing therefore a decrease of 29. There were 8 infant deaths compared with 3 last year.

The new sewage disposal at Kings Sutton came into operation in March 1970 and work is now proceeding on the enlargement and improvement of facilities at both Middleton Cheney and Croughton. Plans are now well advanced to provide Hinton-in-the-Hedges, Greatworth, Crowfield and Thenford with proper sewage disposal facilities.

The refuse pulverisation plant was installed on former railway land between Farthinghoe and Middleton Cheney, and the first loads of refuse were tipped there in August 1970. This method of disposal reduces the volume of refuse considerably and does not attract flies and vermin. Collection continued on a weekly basis from the majority of properties, with a fortnightly collection from outlying farms.



The nine flats for elderly people at Astrop Grange, Kings Sutton, were officially opened in August, and the 12 bungalows being erected in the grounds of Astrop Grange were completed and occupied later in the year.

There was an increase in the incidence of infectious disease, showing a rise of 17 cases. There were 46 cases compared with 29 last year. This was due to the increase in whooping cough notifications, there being 14 cases this year as compared with none in 1969. Though measles vaccination became generally available, the withdrawal of some vaccine resulted in a shortage and fewer children were immunised than was anticipated. It is to be hoped that from henceforward, with the availability of vaccines and the use of the computer, that a higher percentage of children will be vaccinated. While at present the incidence of infectious illness remains satisfactorily low, (apart from whooping cough and measles) should succeeding generations of parents fail to respond to the need for immunisation, a recrudescence of infectious illness could occur. It remains vitally important therefore for children to be immunised for diphtheria, poliomyelitis, whooping cough, tetanus, and now measles, with tuberculosis vaccination following later. Towards the end of 1970, Rubella (German Measles) vaccination also became available to all girls between the ages of thirteen and fourteen.

Though no confirmed case of food poisoning occurred during the year, food borne infection generally continues to be too prevalent. While our inspectors are vigilant in their supervision of all the stages of food handling from storage to sale of both cooked and uncooked food, satisfactory food hygiene procedure is ultimately always dependent on the handlers whose responsibility is not always individually realised. I always state that good practice in food handling is good business. Constant supervision by employers of their employees, particularly in restaurants, is essential, and the public themselves should be continually on the alert for careless practice and should refuse to accept unsatisfactory methods, not only in business premises but in their own homes.

While the environmental control of the health of the district is being satisfactorily maintained, and the health needs in respect of clinical services well covered, new problems are constantly arising in both fields. There is therefore a continuing need for vigilance and pressures are constant. Future requirements will undoubtedly require energy, talent and manpower for their solution.



In general, nationally, both health and local government fields were under review. A change of government in mid-year required, inevitably, a deferral of the immediate plans proposed by the previous government. However the need for reform and change was agreed by both political parties and it can be expected that the National Health Service will be unified. In Local Government the small district councils will be merged to form larger units. During this interim period, which is a difficult one for all personnel in public health and local government, services must be maintained and expanded where necessary. At such a time it is pertinent to review those matters which are most pressing in the field of prevention of ill health. Needs when defined, will have to be matched with available resources, and it will be necessary that priorities should be clearly assessed.

In the environmental field the intensive efforts of public health pioneers and civic authorities have given a secure basis of sanitary environment and the availability of pure water, adequate disposal of refuse and sewage are taken for granted. It is vital that such services should continue to function smoothly. The present problem is less from man's pollution of his environment than from products innocently introduced for man's convenience of which detergents are one instance. Other chemical factors requiring control are drugs and the use of antibiotics in animal feeding. While on the other hand the omission of the controlled addition of minute quantities of fluoride to our water because of the pressure of a small group on local authorities has resulted in the failure to prevent dental caries in children. After five years of fluoridation Birmingham can now prove the efficacy and harmlessness of the procedure.

Another factor which overshadows the secure sanitary basis is the increase of population, which if not abated will produce another 20 million inhabitants, in this already congested island, by the end of the century. All these extra individuals will result in the need for more services of every kind, including medical services. Congestion, pollution and those other factors (less obvious but non-the-less

hazardous to a stable society) such as noise, road accidents, mental illness, crime and delinquency could occur. It is known already that there are 250,000 unwanted children born annually in this country. An advanced society should have no unwanted children. To prevent these should be the first priority, and it is a task which is not yet being achieved.

Those other environmental factors, many of which could be contained, if we achieved a static population growth, will exercise the environmentalist of the future. These include the prevention of pollution of air, land, rivers and the sea.

The mass production of food will continue to require a monitoring that will inevitably increase; already factory farming methods, while producing more and cheaper food, present problems of quality and hygiene. Increasing foreign travel, and a mobile internal population resulting in more consumption of food in restaurants and canteens, together with the general use of deep freeze storage, involving increasing sale of food on a small scale at nearly all public houses, has added to the work of health departments, and the maintenance of satisfactory food handling procedures has become one of the major functions.

While this report is largely concerned with the environmental health of the area, health needs cannot be compartmentalized, and though the population may live in a satisfactory environment if personal habits are unsound then all our efforts are wasted. I consider therefore, that to complete my annual review it is necessary to assess the health of the district in its widest sense. It is ironic that, while every endeavour is made to create a sanitary environment, individuals are killing themselves, voluntarily, with cigarettes. In fact today prevention of the greatest hazards to health - the cigarette, accidents (both in the home and on the road), and to a lesser degree, early arterial disease, rests with individuals. For many years I have enumerated those conditions which cause premature death and have suggested some remedies. My repetition must continue; as I stated last year, the process of health education is, of necessity, a perpetual battering at the bastions of ignorance, apathy, self indulgence and complacency.

Once more there has been a national increase in the number of deaths from cancer of the lung making a total of 30,218 (24,871 male and 5,347 female). In addition it is probable that, in all, at least 50,000 deaths occur a year in Great Britain which can be attributed to cigarette smoking. In fact premature deaths from smoking have now reached epidemic proportions and yet there appears to be little reaction from the public. An outcry would result should there be a few deaths from typhoid fever or smallpox, yet these deaths (and the holocaust on the roads) pass, continue to rise and there is no responding demand or pressure for their solution. Doctors appear to be the only group of individuals who have shown an awareness of this major danger and few doctors now smoke. Once again in Section A I lay emphasis on this subject.

The prevention of early arterial disease, resulting in incapacity or death from coronary thrombosis or strokes is more complex, and its incidence in all civilised countries, particularly in males, relates more to a way of life than to a single habit such as smoking. However there is evidence that cigarette smoking can also contribute to the incidence of coronary thrombosis. The causes of early arterial disease are probably multiple, and though research is continuing in many fields, there is as yet no breakthrough. In some the condition has an inherited tendency. The one salient factor that has emerged is that occurrence is less likely in those who take regular exercise and who are not obese. Evidence has been found that arterial damage can be present from an early age, and while generally young people are active while still at school this activity may lessen or cease when they leave; many start to smoke cigarettes early; food consumption is often in excess of need. It is possible that a situation may be building up in which the incidence of early arterial disease may greatly increase.

The cause of premature death in the younger age groups, that is before the fifth decade (40 years), is now almost entirely from accidents, both in the home (among the youngest) and on the road (in the 1st, 2nd and particularly the 3rd decades). Once again I give some details on this subject on later pages of the report.

In assessing future needs and priorities, while all those conditions which are preventable and cause premature death and disability must be of primary concern, there remain those afflictions for which, as



yet, we have no solution, and those causing chronic disability. Of the former cancer remains still an enigma and the latter include the many forms of rheumatic and arthritic disease. The increasing survival of handicapped people, and the higher percentage of elderly in the community provide problems of care which must be planned in the long term.

Mental ill health, both in the form of psychotic illness and neuroses, shows no lessening despite the relief from stress which a Welfare state should bring. The new problem, that of drug addiction was unanticipated. It would appear that the incidence is being contained, but constant vigilance will be required because of varieties and misuses of drugs. Other manifestations such as crime, delinquency, vandalism, child neglect and cruelty, divorce and failure to accept social obligations are showing no decline.

The attainment of a healthy community continues therefore to present many challenges, some of which can be forecast; others arise unanticipated. As a result the practice of preventive medicine continues to be as needful today as it was in the dark days of the nineteenth century.

To Mr. N.R. Caley I give my thanks for his steadfast service throughout the year and for his help in the compilation of this report. In addition, I extend my thanks to the Chairman and Members of the Public Health Committee for their interest and encouragement.

Finally I express my appreciation to the County Medical Officer of Health for his ready co-operation in the supply of information.

I remain, your obedient servant,

JOAN M. ST. V. DAWKINS.

Medical Officer of Health.

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September.1971.

## S E C T I O N   A

### SOCIAL CONDITIONS OF AREA AND STATISTICS

#### BRACKLEY RURAL DISTRICT

The 91 square miles of the District are devoted almost entirely to agriculture with 329 agricultural holdings of more than 1 acre. There is only one factory of appreciable size which specializes in the packing of products, mainly of the motor industry, for export.

The District is on the eastern edge of the Cotswolds and much of it lies above the 400 ft. contour line; here are the headwaters of the Cherwell and Great Ouse rivers.

The 26 parishes contain picturesque villages each with its beautiful church, manor house and stone cottages. Many of the inhabitants are employed in the neighbouring towns of Brackley and Banbury and further afield in Oxford, Coventry and Northampton and the natural growth of these towns has increased the pressure for houses in this attractive rural area. It is to be hoped that the fixing of village boundaries together with reasonable planning development will prevent the villages being spoilt by extensive urbanisation.

#### SUMMARY OF VITAL STATISTICS 1970

Area in acres	58,132		
	<u>1969</u>	<u>1970</u>	<u>1971</u>
Population (mid-year)	14,000	14,150	not available
No. of dwellings (at 1st April)	4,500	4,573	4,658
Rateable value (at 1st April)	£349,509	£370,367	£389,936
Product of 1 <sup>st</sup> rate (at 1st April)	£ 1,419	£ 1,518	
" " 1 <sup>st</sup> p rate			£3,856

		BRACKLEY R.D.C.		
		MALES	FEMALES	TOTAL
ESTIMATED MID-YEAR HOME POPULATION				14,150
LIVE BIRTHS	Total	111	110	221
	Legitimate	107	104	211
	Illegitimate	4	6	10
STILLBIRTHS	Total	-	1	1
	Legitimate	-	1	1
	Illegitimate	-	-	-
TOTAL LIVE AND STILL BIRTHS	Total	111	111	222
	Legitimate	107	105	212
	Illegitimate	4	6	10
DEATHS OF INFANTS under 1 year of age	Total	7	1	8
	Legitimate	7	1	8
	Illegitimate	-	-	-
under 4 weeks of age	Total	3	1	4
	Legitimate	3	1	4
	Illegitimate	-	-	-
under 1 week of age	Total	3	1	4
	Legitimate	3	1	4
	Illegitimate	-	-	-
DEATHS - ALL AGES		65	55	120

	Brackley R.D.C.	England & Wales
LIVE BIRTH RATES, ETC.		
Livebirths per 1,000 home population(crude rate)	15.6	16.0
Are comparability factor	1.22	1.00
Local adjusted rate	19.0	16.0
ratio of local adjusted rate to national rate	1.19	1.00
Illegitimate live births as percentage of all live births	5.0	8.0
STILLBIRTH RATE		
Stillbirths per 1,000 total live and still births	5	13
INFANT MORTALITY RATES		
Deaths under 1 year per 1,000 live births	36	18
Deaths of legitimate infants under 1 year per 1,000 legitimate live births	38	17
Deaths of illegitimate infants under 1 year per 1, 000 illegitimate live births	-	26
Neonatal mortality rate		
Deaths under 4 weeks per 1,000 live births	18	12
Early neonatal mortality rate		
Deaths under 1 week per 1,000 total live births	18	11
Ferinatal mortality rate		
Stillbirths and deaths under 1 week combined per 1,000 total live and still births	23	23
DEATHS RATES, ETC. - ALL AGES		
Deaths per 1,000 home population (crude rate)	8.5	11.7
Are comparability factor	1.14	1.00
Local adjusted rate	9.7	11.7
Ratio of local adjusted rate to national rate	.83	1.00



<u>CAUSES OF INFANT DEATHS:</u>	<u>Males</u>	<u>Females</u>
Suffocation	1	-
Multiple Congenital Anormalities	1	1
Foetal Endocarditis	1	-
Mastoiditis	1	-
Neonatal Asphyxia/Prematurity	1	-
Bronchopneumonia	1	-
Systemic Virus Infection	1	-
	<u>7</u>	<u>1</u>

CAUSES OF STILLBIRTHS:

Intrapartum/Anoxia/Cord around the neck	-	1
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<u>DEATHS FROM:</u>	Cancer all ages	...	...	...	33	(Lung cancer 14)
" "	Pneumonia	...	...	...	6	
" "	Bronchitis and Emphysema	...	...	...	2	
" "	Coronary Thrombosis	...	...	...	33	
" "	Car Accidents	...	...	...	2	
<u>Deaths</u>	(see table on page 13.)	...	...	...	Total	120

THE REGISTERED CAUSES OF DEATH WERE:-

Causes of death	Males	Females	Totals
Other Infective and Parasitic Diseases	1	1	2
Malignant Neoplasm, Buccal Cavity etc.	1	-	1
Malignant Neoplasm, Intestine	3	2	5
Malignant Neoplasm, Lung, Bronchus	13	1	14
Malignant Neoplasm, Breast	-	6	6
Leukaemia	-	1	1
Other Malignant Neoplasms	4	2	6
Benign and unspecified Neoplasms	1	-	1
Diabetes Mellitus	1	-	1
Other Diseases of Nervous System	1	2	3
Chronic Rheumatic Heart Disease	-	1	1
Ischaemic Heart Disease	14	10	24
Other Forms of Heart Disease	2	6	8
Cerebrovascular Disease	6	11	17
Other Diseases of Circulatory System	1	2	3
Influenza	1	1	2
Pneumonia	5	1	6
Bronchitis and Emphysema	2	-	2
Other Diseases of Respiratory System	2	-	2
Other Diseases of Digestive System	-	3	3
Hyperplasia of Prostate	1	-	1
Other Diseases, Genito-Urinary System	-	4	4
Congenital Anomalies	2	1	3
Other Causes of Perinatal Mortality	1	-	1
Motor Vehicle Accidents	2	-	2
All other Accidents	1	-	1
TOTALS	65	55	120

In a review of the causes of death the primary concern is to assess which could have been prevented. There were 8 infant deaths. (The causes of their deaths are listed on page 12.) Out of the total of 120 deaths, 44 occurred before the age of 65 with a further 32 between 65-76. Up to the age of 45 there were 13 deaths. Between 45 - 55, 9 ; and 22 deaths between 55 -65. In the latter two decades the causes were mainly ischaemic heart disease (coronary thrombosis) and cancer.

The incidence of early degenerative disease of the arteries, particularly in males, is increasing in all cultivated societies of the world. Its prevention is one of the great challenges of modern medicine. Men in their prime at a time of their major contribution to their community are struck down by coronary thrombosis or strokes. The causes are multiple, and, as stated, cigarette smoking is probably a factor. As well as being part of the process of ageing hereditary factors are involved insome. Women are less affected until after the menopause, indicating a hormonal protection. The only clear evidence is that the incidence is lower in those who take regular physical exercise and who are not obese. This salient feature needs emphasis, as it is easy in a modern industrialised society with the majority occupied in sedentary occupations, the widespread use of motor transport and television, for many to become physically inactive. It is wise to establish a way of life soon after leaving school in which there is regular participation in physical exercise which can be suitably modified to the passing years. This combined with some moderation in the consumption of food, may help to prevent the early onset of arterial disease.

The recently published report of the Royal College of Physicians on Smoking and Health, states that premature death and disabling illness caused by cigarette smoking have now reached epidemic proportions and present the most challenging of all opportunities for preventive medicine in this country. It maintains that the challenge remains unanswered and that the Government has done little to curb smoking.

The fatal effects of tobacco smoking are almost restricted to cigarette smokers and increase with the amount smoked. Cigarette smokers are about twice as likely to die in middle age as are non-smokers. It is said that 50,000 deaths a year can be attributed

to cigarette smoking either from cancer of the lung (of which last year there were 30,218 deaths, 24,871 male, 5,347 female) chronic bronchitis, emphysema, coronary disease, cancer of mouth, larynx and oesophagus and certain other cancers which are commoner in cigarette smokers.

In spite of all the publicity, and few smokers indeed must now not be aware of the harmful effects of smoking, the only group of individuals who have stopped smoking are doctors, and only one third of doctors smoked cigarettes compared with two thirds of other men. In fact among women the smoking habit has increased.

It is essential that those who already smoke must be persuaded to give up smoking, but the greatest challenge is to succeed in convincing young people that they should never start to smoke, and the need for doctors, teachers and others who have contact and influence with children, to set an example cannot be over-emphasised.

Many other measures are needed, such as the restriction of smoking in public places and at work, limitation of advertising and gift and coupon schemes, the printing of warning notices on cigarette packets and ever widening publicity of the dangers on the mass media.

Those who already smoke need special advice and clinics should be established to assist them. They should be advised to turn to the less harmful pipe and cigar. To smoke few cigarettes, inhale less, to smoke less of each cigarette, take fewer puffs and use cigarettes with a lower tar and nicotine content.

The yearly toll of injury and death from road accidents mounts steadily. In an overpopulated island with congested roads, and with an anticipated increase of numbers of vehicles annually, it must be expected inevitably that this death rate will not decline. However the majority of deaths ( and injuries) occur in males in the age group 19-24. The young male would appear to be the participant and maybe the cause of transgression on the road. It would suggest that there is a field for action in the education of this group in the principles of road safety, which could start at school. In 1970, 7,500 were killed on the roads as compared with 7,383 in 1969.



Deaths from accidents in the home are also continuing at a rate which is far too high. Almost three quarters of the fatalities occur in elderly people or in children under 5 years of age.

In England and Wales during 1969 a total of 6,507 people died as a result of accidents in and around the home. This is 107 (or 1.6 per cent) fewer than in the previous year. Further analysis indicates that although 29 more people died in residential institutions, the number of deaths which occurred in private homes fell by 136.

#### Summary of accidents in 1969

Cause of Death	Private Homes	Residential Institutions	Total Deaths
Poisoning	813	13	826
Falls	2,873	1,019	3,892
Burns and Scalds	733	32	765
Suffocation and Choking	561	90	651
Others	335	38	373
TOTAL	5,315	1,192	6,507

Every year more people die from falls than from all other accidents in the home - as many as 60 per cent of the fatalities in 1969 resulted from falls. Poisoning is the second major cause, accounting for 13 per cent of the total. About 12 per cent of the deaths were due to burns and scalds, while accidental suffocation and choking resulted in a further 10 per cent.

#### Cause, Age-group and Sex

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65+	Male	Female	
Poisoning	28	13	198	251	336	345	481	826
Falls	71	7	78	273	3,463	1,072	2,820	3,892
Burns and Scalds	133	37	56	129	410	288	477	765
Suffocation and Choking	428	21	57	62	83	413	238	651
Others	86	8	71	59	149	170	203	373
TOTAL	746	86	460	774	4,441	2,288	4,219	6,507
Death Rate*	18.2	1.2	2.4	6.5	71.0	9.6	16.8	13.3

\* Deaths per 100,000 population.

Elderly people are by far the most frequent victims of fatal home accidents. and in 1969 more than two-thirds of the people who died in this way were aged 65 and over. Seventy-eight per cent of the deaths in this particular age-group were caused by falls. Children under five years old accounted for over 11 per cent of the total.

According to the data, about 65 per cent of the victims in 1969 were women or girls.

### Falls

Compared with 1968, the number of people who died as a result of accidental falls in the home fell by 53 to 3,892.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65+	Male	Female	
Falls on stairs	13	-	37	114	482	263	383	646
Falls from ladders	-	1	7	10	16	27	7	34
Falls from buildings	16	4	17	14	39	60	30	90
Other falls from one level to another	32	1	5	29	316	111	272	383
Falls on same level	1	-	2	16	389	83	325	408
Other and unspecified falls	9	1	10	90	2,221	528	1,803	2,331
TOTAL	71	7	78	273	3,463	1,072	2,820	3,892

Women accounted for three-quarters of the deaths in the 65 and over age-group, but only 40 per cent of the fatalities among the younger age-groups.

## Poisoning

There were 826 deaths from accidental poisoning in 1969, six per cent fewer than in the previous year.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65+	Male	Female	
Barbiturates	3	-	73	135	65	107	169	276
Analgesics and antipyretics	2	1	14	6	3	17	9	26
Other sedatives	-	-	15	10	8	10	23	33
Nervous system and psychotherapeutic drugs	6	3	16	11	4	19	21	40
Other and unspecified drugs	6	1	12	20	8	11	36	47
Alcohol	-	-	5	7	1	9	4	13
Other solids and liquids	4	-	2	3	-	5	4	9
<b>TOTAL, solids and liquids</b>	<b>21</b>	<b>5</b>	<b>137</b>	<b>192</b>	<b>89</b>	<b>178</b>	<b>266</b>	<b>444</b>
Piped gas	-	4	36	36	213	110	179	289
Motor vehicle exhaust and other carbon monoxide gases	7	4	22	22	34	53	36	89
Other gases and vapours	-	-	3	1	-	4	-	4
<b>TOTAL, gases and vapours</b>	<b>7</b>	<b>8</b>	<b>61</b>	<b>59</b>	<b>247</b>	<b>167</b>	<b>215</b>	<b>382</b>
<b>TOTAL</b>	<b>28</b>	<b>13</b>	<b>198</b>	<b>251</b>	<b>336</b>	<b>345</b>	<b>481</b>	<b>826</b>

The number of people who died from poisoning by ordinary domestic piped gas fell by 29 per cent, while there was an 18 per cent increase in deaths involving drugs and medicaments - from 358 to 422.



## Burns and Scalds

Accidental burns and scalds resulted in 765 deaths during 1969, compared with 781 in 1968.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65+	Male	Female	
Burns by clothing	7	9	10	26	142	39	155	194
Burns from controlled fire	10	2	2	13	96	41	82	123
Conflagration	85	23	27	36	61	115	117	232
Other and unspecified burns	18	2	17	40	75	74	78	152
TOTAL, fire and flames	120	36	56	115	374	269	432	701
Hot substance, corrosive liquid and steam	13	1	-	14	36	19	45	64
TOTAL	133	37	56	129	410	288	477	765

Of the 194 deaths from clothing catching light, 37 were attributed to open fires, 34 to electric fires and 27 to matches and cigarettes, etc. The majority of the 194 victims were women aged 65 and over.

## Suffocation and Choking

Accidental suffocation and choking caused 649 deaths in 1968 and 651 deaths in 1969. Babies and young children are particularly susceptible to accidents of this kind, accounting for two-thirds of the deaths every year.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65+	Male	Female	
Inhalation and ingestion of food	234	6	28	52	74	227	167	394
Inhalation and ingestion of other objects	19	1	2	2	5	19	10	29
Suffocation in bed or cradle	154	1	3	1	-	105	54	159
Other and unspecified suffocation	21	13	24	7	4	62	7	69
TOTAL	428	21	57	62	83	413	238	651

Choking over food resulted in more than half the fatalities among the under-fives.

## Other Causes

During 1969 there were an additional 373 deaths in England and Wales from miscellaneous accidents in and around the home.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65+	Male	Female	
Drowning and submersion*	27	3	20	15	17	31	51	82
Electric current $\neq$	8	-	28	11	11	35	23	58
Excessive cold	1	-	-	5	59	10	55	65
Hunger, thirst, exposure and neglect	16	-	3	9	16	18	26	44
Struck by falling object	14	3	3	5	7	24	8	32
Striking against or struck by object	5	-	1	2	11	9	10	19
Other and unspecified**	15	2	16	12	28	43	30	73
TOTAL	86	8	71	59	149	170	203	373

\* Altogether 523 people were accidentally drowned during 1969. Although only 82 of these occurred at home, the majority of the remaining deaths were associated with everyday leisure activities.

$\neq$  Excludes burns by heat from electrical appliances.

\*\* Includes cutting or piercing instruments (13 deaths), foreign body in orifice (12 deaths, explosive material (7 deaths) and firearms(7 deaths).

As many as 50 of the 65 people who died from excessive cold were women aged 65 or over.

## SECTION B

### GENERAL PROVISION OF HEALTH SERVICES

#### 1. LABORATORY FACILITIES

Samples of milk, ice-cream, water and other specimens from this district are examined at the Public Health Laboratories in Oxford and Northampton. This most useful and efficient service is under the control of Dr. W.H.H. Jebb at the Radcliffe Infirmary, Oxford and Dr.L. Hoyle at the General Hospital, Northampton; I thank them for their ready co-operation at all times.

#### 2. HOSPITAL SERVICES

Horton General Hospital, Banbury.  
Cottage Hospital, Brackley.  
General Hospital, Northampton.  
Radcliffe Infirmary, Oxford.

##### Infectious Diseases

Slade Isolation Hospital, Oxford.  
Harborough Road Hospital, Northampton.

#### 3. COUNTY COUNCIL SERVICES

##### (a) Ambulances

The County Council provide ambulances for the removal to hospital of all general, medical, surgical and infectious cases. There is an ambulance station in Brackley.

##### (b) Child Welfare Centres and Clinics

Infant Welfare Centres are held at Brackley, Middleton Cheney, Kings Sutton and Helmdon. Transport facilities are provided by the County Council in various parts of the district for mothers and children to attend clinics at a nearby centre.

##### (c) Nursing in the Home, Midwives and Health Visitor Services

The district is well covered, and all villages have the services of both District Nurse and Health Visitor.

(d) The Home Help Service

This service is in operation in several parishes of the district. It is a very necessary service provided by the County Council and affords considerable benefit to the community, both to domiciliary and maternity cases, and especially in the care of old people who can remain comfortably at home, and who without this help, would be in institutions.

(e) Care and After Care Service

The County Council provide a number of facilities in respect of the crippled, aged persons, diabetics and the mentally ill; they are also responsible for the preventive services for tuberculosis.

WELFARE OF THE AGED

National Assistance Act, 1948 and National Assistance (Amendment) Act, 1951;

No action was necessary under section 47 during this past year.

The following provide services for old people.

1 National Health Service

(a) General Practitioner.

(b) Hospital and Specialist Services including the Almoner Service.

2 The County Council

(a) The Health Service.

(i) District Nurse.

(ii) Health Visitors.

(iii) Home Help Service. The Home Help Service is of inestimable value in the prevention of breakdown in the aged, and many are able to remain in their own homes who would otherwise have to be removed to institutions. Several old people were kept under observation during the year.

(b) The Welfare Department

(i) Part iii accommodation and homes.

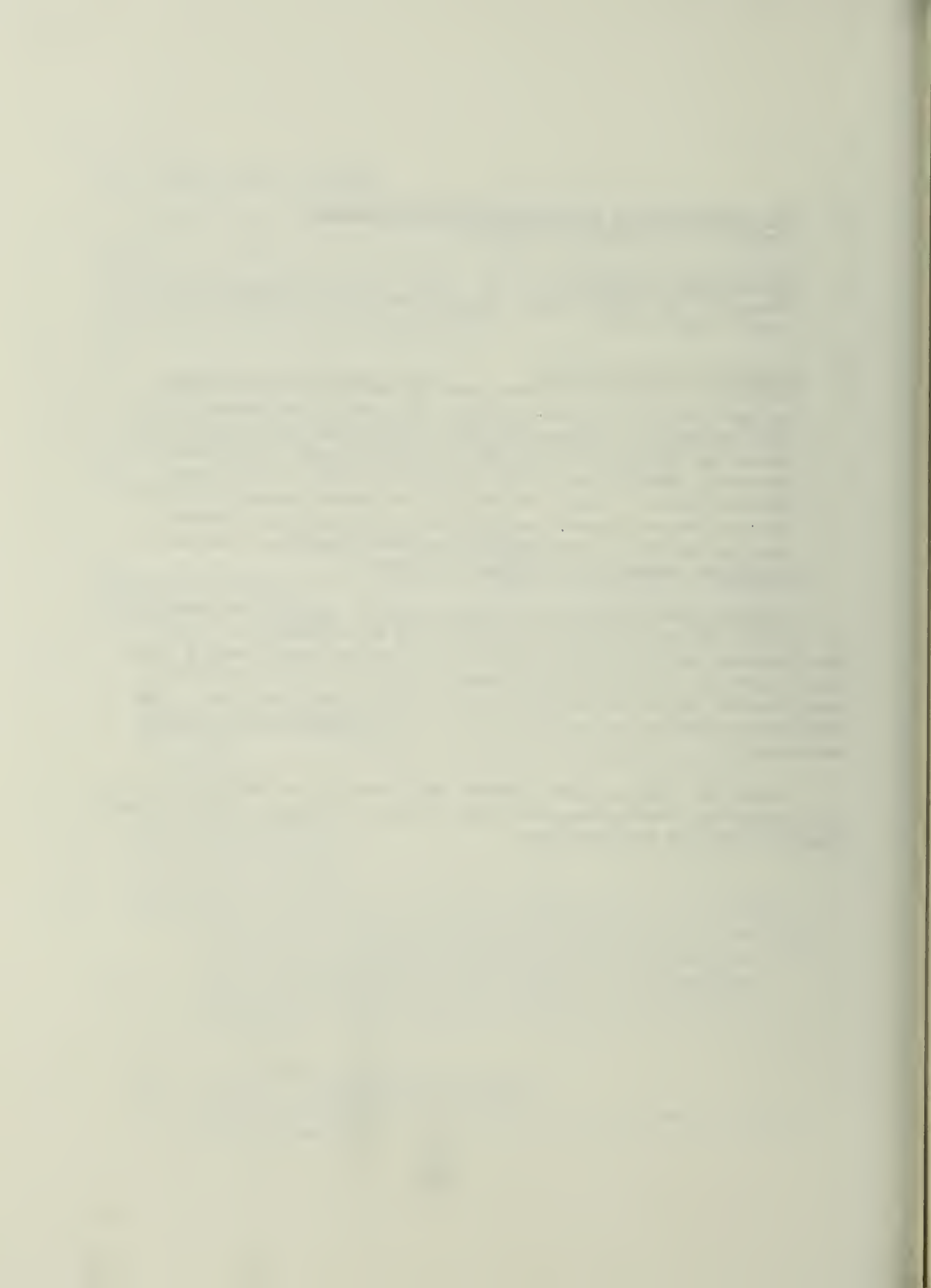
(ii) Special Services for the Blind, etc., and home fittings where necessary.



3. The Department of Health and Social Security.  
Financial help where necessary.
4. The District Council.  
Homes for the aged, flats, and in some cases flatlets with Warden Supervision.
5. Voluntary Organisations.  
These are many and Services vary in different areas. They include holiday schemes in which old people are taken on sea-side holidays in off-season times; the Darby and Joan Clubs; "Meals on Wheels" Service; the Home Visiting. The Women's Voluntary Service very often undertakes many of the above duties, while in other areas local voluntary committees run the various organisations. The Rural Communities' Council, together with the Old People's Welfare Committee, provide co-operation between the various services.

Your Medical Officer of Health, having a special interest in the welfare of the aged, and by virtue of her appointment both to the District and the County Council, and by her relationship with other medical colleagues, endeavours to fulfil the function of co-operation and co-ordination between these many agencies. Many cases of breakdown can be prevented by early application of these services.

There are clubs, which provide many facilities for the elderly, held at Aynho, Boddington, Chacombe, Evenley, Helmdon, Kings Sutton, Middleton Cheney and Syresham.



## SECTION C

### SANITARY CIRCUMSTANCES

#### Water Supply

The Bucks Water Board are the statutory undertakers for the supply of water to the district. The source of the supply is the river Great Ouse, the water is abstracted near Buckingham and pumped to the treatment works at Foxcote. This supply is supplemented by water from chalk wells situated in the southern part of the Board's area.

The supply enters the district at Evenley and is distributed to every parish with the exception of the small parish of Edgcote.

The table on page 27 shows that the supply is available to most properties in the district. Some outlying farms and estates depend on private supplies.

The supply has been adequate and bacteriological and chemical examination of samples show satisfactory quality. The chemical analysis are shown on page 28. Sixty-four samples taken throughout the district at monthly intervals were submitted for bacteriological examination. One of these samples was found to be contaminated with faecal coliform organisms but investigation showed that the cause was due to the fitting of a tap washer by the householder shortly before the sample was taken; subsequent samples at this and adjoining properties were satisfactory. Three samples from Thorpe Mandeville indicated a slight contamination and it was considered that the storage reservoir near this village could account for this result. The reservoir was emptied and cleaned and follow-up samples were satisfactory.

As in previous years complaints were received again of instances of a brown discolouration and sediment in the water. The Bucks Water Board are concerned, as are other water undertakings throughout the county and other counties with this particular problem. The cause is complex but is related to the growth of plant life (algae) in storage reservoirs. As 1970 was European Conservation Year it is appropriate to mention that this is an instance of "pollution". The river Great Ouse, the source of the supply is becoming progressively more polluted



with nitrates and phosphates and other plant foods as more fertilizers are used on agricultural land and the amount of treated effluent from sewage works, which discharge to the river, increases. Thus conditions at the storage reservoir are ideal for aquatic plant life; the water is rich in plant food and this combined with strong sunlight in summer results in a rapid growth of algae. The prevention of algae growth or its removal by physical and chemical means is fraught with difficulties.

This is but one facet of the continuing effort being made to maintain an adequate supply of pure water. The demand is ever increasing - more houses, more bathrooms, more cars to wash, more washing machines, more factories etc.. We, in this country have enjoyed this benefit for many years and ways must be found to ensure that an ample supply of pure water - a fundamental factor in environmental health - is not put in jeopardy.

#### Private water supplies and other non-mains supplies.

Twenty-seven samples were taken of private water supplies and also other supplies (e.g. roadside springs) which are available to the public.

Sixteen samples, involving six supplies, were unsatisfactory; the remaining eleven samples from four different supplies were satisfactory at the time of sampling.

Wherever possible owners of private supplies are urged to connect to the mains but if it is not available advice is given and efforts are made to improve the supply. In one instance a careful inspection discovered a land drain contaminating a storage reservoir. Satisfactory samples were obtained after this defect had been remedied.

BACTERIOLOGICAL SAMPLES OF MAINS WATER TAKEN BY THE PUBLIC HEALTH INSPECTOR WITH RESULTS OF EXAMINATION.

<u>Parish or Village</u>	<u>Number Taken</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Aston-le-Walls	1	1	-
Aynho	2	2	-
Boddington	7	6	1
Chacombe	-	-	-
Chipping Warden	2	2	-
Croughton	2	1	1
Culworth	2	1	1
Evenley	8	8	-
Eydon	1	1	-
Farthinghoe	1	1	-
Greatworth	2	2	-
Helndon	3	3	-
Hinton-in-the-Hedges	1	1	-
Kings Sutton	11	9	2
Marston St. Lawrence	1	1	-
Middleton Cheney	5	5	-
Moreton Pinkney	4	4	-
Newbottle	-	-	-
Radstone	1	1	-
Sulgrave	1	1	-
Syresham	2	2	-
Thenford	-	-	-
Thorpe Mandeville	5	2	3
Warkworth	1	1	-
Whitfield	1	1	-
	<hr/> 64	<hr/> 56	<hr/> 8

NUMBER OF DWELLINGS SUPPLIED WITH MAINS WATER AT 31.12.70.

Aston-le-Walls	...	...	...	...	...	...	...	58
Aynho	...	...	...	...	...	...	...	234
Boddington	...	...	...	...	...	...	...	166
Chacombe	...	...	...	...	...	...	...	148
Chipping Warden	...	...	...	...	...	...	...	194
Croughton	..	...	...	...	...	...	...	171
Culworth	...	...	...	...	...	...	...	147
Edgcote	...	...	...	...	...	...	...	NIL
Evenley	...	...	...	...	...	...	...	159
Eydon	...	...	...	...	...	...	...	136
Farthinghoe	...	...	...	...	...	...	...	106
Greatworth	...	...	...	...	...	...	...	210
Helmdon	...	...	...	...	...	...	...	227
Hinton-in-the-Hedges	...	...	...	...	...	...	...	35
Kings Sutton	...	...	...	...	...	...	...	526
Marston St. Lawrence	...	...	...	...	...	...	...	72
Middleton Cheney	..	...	...	...	...	...	...	993
Moreton Pinkney	...	...	...	...	...	...	...	103
Newbottle	...	...	...	...	...	...	...	152
Radstone	...	...	...	...	...	...	...	17
Sulgrave	...	...	...	...	...	...	...	130
Syresham	...	...	...	...	...	...	...	182
Thenford	...	...	...	...	...	...	...	20
Thorpe Mandeville	...	...	...	...	...	...	...	55
Warkworth	...	...	...	...	...	...	...	5
Whitfield	...	...	...	...	...	...	...	47
Total	...	...	...	...	...	...	...	4,293

COPY OF RESULT OF CHEMICAL ANALYSIS OF SAMPLE OF MAINS WATER

The Counties Public Health Laboratories,  
Thresh House,  
Verulam Street,  
Gray's Inn Road,  
London.W.C.1.

Analysis of a sample of water received 30.6.70. Our ref Z/R/620  
From Brackley Rural District Council.  
Labelled Skaigh House, Evenley, Brackley.  
(from kitchen tap - direct mains supply) Date 30.6.70., 11.00 hrs  
Taken by N.R. Caley, Public Health Inspector.

CHEMICAL RESULTS IN MILLIGRAMMES PER LITRE (ppm)

Appearance: Clear and bright.

Colour (Hazen)	7	Turbidity (A.P.H.A. units)	NIL
pH	7.7	Odour	NIL
Electric Conductivity (reciprocal Megohms per cm)	520	Free Carbon Dioxide	6
Chlorine present as Chloride 44		Dissolved Solids dried at 180°C.	380
Hardness: Total 235		Alkalinity as Calcium Carbonate	130
			130
Nitrate Nitrogen 2.2		Non-carbonate	105
Ammoniacal Nitrogen 0.02		Nitrite Nitrogen	Absent
Albuminoid Nitrogen 0.15		Oxygen Absorbed	1.2
Metals Iron 0.06		Residual Chlorine	0.03
Copper 0.04			
Zinc & Lead: Absent.			

This sample is clear and bright in appearance, has a reaction on the alkaline side of neutrality and is free from metals apart from very minute traces. The water is hard in character but its hardness and its content of mineral and saline constituents in solution are not excessive. The water is of satisfactory organic quality.

These results indicate a pure and wholesome water suitable for drinking and domestic uses, from the aspect of the chemical analysis.

14th July, 1970.

(signed) R.C. HOLLIER.



## Sewerage and Sewage Disposal

The new sewage disposal plant at Kings Sutton, which was designed to serve a population of 4000 persons, was put into operation in March 1970. This is a major scheme to treat the sewage from four separate areas, Kings Sutton, Astrop, Charlton and Aynho; thus dispensing with three separate overloaded and inefficient works. The work has involved the laying of new sewers from Charlton and Aynho to a pumping station at Walton Grounds and a new rising main from the pumping station north of Kings Sutton. Digestion tanks for the treatment of sludge have been constructed at the works, and it is anticipated that sludge from other works in the district will be transported to Kings Sutton for treatment.

Work is now proceeding satisfactorily on two projects, the enlargement and improvement of the facilities at Middleton Cheney and at Croughton. At Middleton Cheney the overloaded and antiquated works on the west side of the village are being abandoned and a pumping station sited near the old works will deliver the sewage to the works which are being enlarged at the east end of the village. A main sewer will be available to take the drainage from a number of properties in the village for the first time.

Plans are now well advanced to provide the few remaining villages with proper sewage disposal facilities and the present position is as follows:-

### Hinton-in-the-Hedges:

The Council's Consulting Engineers are investigating the possibility of pumping sewage from this village to the sewage works of the neighbouring authority, Brackley Borough. Finding this a site for the works will have to be found near the village.

### Greatworth:

This is a combined scheme to improve and enlarge the disposal works at Greatworth so as to take sewage pumped from Marston St. Lawrence and Halse. Tender documents have now been prepared and Ministry approval is awaited.

### Crowfield and Thenford:

Both these schemes are designed to pump sewage from the small villages to modern works at larger villages. From Crowfield the sewage will be pumped to Syresham and from Thenford to Middleton Cheney. The tender documents have been prepared and submitted for Ministry approval.

The Council are to be complimented on the steady progress which has been made over the years in this field of environmental sanitation. I quote from the Medical Officer of Health's Annual Report for 1944:- "The sewage disposal works throughout the district are of obsolete type and unsatisfactory. New sewerage is necessary in considerable areas of the district. If, as it is hoped, a mains supply of water will eventually serve the whole of this district a complete new system of sewerage and sewage disposal works will also have to be considered. The absence of these two essential services is retarding progress in many of the parishes from a public health aspect, as each house and agricultural premises should be provided with a good water supply and efficient means for the expeditious removal of waste matters to a proper place of disposal".

Since that time the Council have gone ahead as quickly and as sensibly as the economic climate would allow and it is to be hoped that economic pressures will not now defer the completion of the present schemes which are so far advanced and which are so urgently needed.

#### Public Cleansing

1970 saw the implementation of a major decision of the Council in the field of refuse disposal when a Gondard refuse pulverisation plant was established on former railway land between Farthinghoe and Middleton Cheney at a cost of £37,000; the treated refuse being tipped in the disused railway cutting. The first loads of refuse were put through the plant in August 1970.

Briefly the process is as follows:- Refuse is tipped directly from the collecting vehicles into a concrete steel-lined pit. A conveyor belt delivers the refuse into an electrically driven hammer mill which pulverises the refuse to a 'compost-like' consistency. A second conveyor discharges the end product to bins which, when full, are pulled by a tractor to discharge the transformed refuse at the adjacent tipping site.

The pulverised refuse is much reduced in volume and is not attractive to flies and vermin; there is no untreated refuse at the site apart from the refuse in the receiving hopper awaiting treatment. Power jets

of water and an insect electrocutor over the receiving hopper reduce the amount of dust and insects.

An agreement has been reached with Brackley Borough Council to treat refuse from the Borough on a cost per ton basis and a certain amount of trade refuse is being accepted from Banbury. A weighbridge has been installed at the site.

The refuse tip at Moreton Pinkney has been closed and the site is to be levelled and sealed and the land sold. The tip at Greatworth is being retained until the lease on the land expires in a few years time and the tip will continue to be used for the disposal of a small amount of refuse under the Civic Amenities Act. The collection of household refuse, weekly from the majority of properties and fortnightly from outlying farms, has continued satisfactorily. The dustbins are collected from the premises and the empty bin is left on the kerbside for the occupier to return to the premises. In cases of infirmity or illness and upon request the empty bins are returned to the premises by the collectors.

The Council continued to make a special annual collection of bulky household refuse, old beds, scrap iron etc. from convenient points in each village. This service helps to keep the hedgerows and ditches free from rubbish and is much appreciated by members of the public.

#### Caravan Sites and Control of Development Act.

No serious problems have arisen this year in the administration of this Act. There are 20 residential caravans on 15 sites and the public health inspector made 31 visits of inspection. This number of caravans has remained much the same in recent years and there have been very few enquiries from people with caravans looking for a suitable site in this district.

#### Clean Air Acts 1956 & 1968

There are no industrial processes in the district causing smoke in such quantities as to require action under the above Acts, and only two complaints were received regarding nuisance from smoke. Both were in respect of smoke from burning of garden refuse for unreasonable periods of time and were dealt with informally.



### Swimming Baths and Pools

There are no public swimming pools in the district but a number of private pools exist.

In the latter part of the year a small, above ground, swimming pool was erected at Culworth School for the benefit of the children at the school. The water is treated by means of a small automatic filtration and chlorination plant. The public health inspector took two samples of the water for bacteriological examination and both samples were satisfactory.

### Insect Pests and Disinfestation

Twelve cases of dwellings infested with insects were referred to the department and advice was given in dealing with the infestations. Six properties were infested with garden ants, two with cluster flies and one with earwigs. No case of cockroach or flea infestation was reported and there has been no case of bed-bug infestation reported for many years.

### Factories Act

The table on page 34 shows the number of factories in the district and the number of visits of inspection made. No serious contraventions of the Act were found. There are no factories in the district employing outworkers and no notifications have been received this year from other authorities of persons who are employed by firms and who work in private houses.

### Offices, Shops & Railway Premises Act 1963

This Act is concerned with the welfare of persons employed in shops and offices. These premises are registered with the Council and the current registrations at the end of the year was 41 - an increase of 3 over the previous year.

The table on page 35 indicates the visits of inspection made and the total number of persons employed in registered premises.

Contraventions of the Act were of a minor nature and were dealt with informally. Employers are required to notify the Council of any accident occurring on registered premises but no such notifications were received.

### Petroleum Storage Licences

The table below shows the number of premises licenced by the Council to store petroleum spirit in bulk and the capacity in gallons of the storage. The public health inspector made 62 visits of inspection to these premises to ensure compliance with the Council's licencing conditions. Storage tanks which have been in situ for twenty years are subject to pressure testing. Ten such tanks were tested this year, and two with leaking flange joints were detected; these defects were remedied.

<u>Gallons</u>	<u>No. of licences</u>
Not exceeding 500	47
500 - 1000	5
1000 - 5000	9
5000 - 10000	5
	<u>66</u>

The licence conditions also require the certification of the electrical installations at certain of the premises, mainly filling stations. Six of the installations were tested this year and found to be satisfactory.

FACTORIES ACT 1961

Part 1 of the Act

1. Inspection for the purpose of provision as to health (including inspection made by the Public Health Inspector).

<u>Premises</u>	<u>Number on Register</u>	<u>Inspections</u>	<u>Written Notices</u>	<u>Occupier Prosecuted</u>
(i) Factories in which Sections 1,2,3,4 & 6 are to be enforced by Local Authorities	-	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	22	15	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	-	-	-	-
TOTAL	22	15	-	-

The Offices, Shops and Railway Premises Act 1963

Total number of registered premises at 31st December 1970:- 41

Number of visits made to registered premises:- 26

Analysis by Workplaces of persons employed in registered premises  
at end of 1970

	<u>No. of persons</u>
Offices	41
Retail Shops	51
Wholesale Departments	12
Catering Establishments	47
Fuel Storage Depots	3
	<hr/>
	154 (68 males, 86 females)
	<hr/>

The above figures relate to premises which are inspected by the Public Health Inspector. H.M. Inspector of Factories administers this Act in factories which are supervised by the Inspectorate for the purpose of the Factories Act 1961.

SUMMARY OF PUBLIC HEALTH INSPECTOR'S VISITS TO AND INSPECTIONS OF PREMISES IN 1970.

Housing survey and Slum Clearance ... ..	218
Improvement Grants, Reconditioning Schemes, Housing Advances	76
Complaints of disrepair etc. means of escape in case of fire	40
Caravan Sites ... ..	31
Infectious disease and food poisoning ... ..	35

Nuisances

Offensive accumulations and refuse disposal ... ..	20
Insect pests ... ..	9
Noise ... ..	7
Smoke and air pollution ... ..	3
Revisits to premises ... ..	33

Water Supply ... ..	17
Drainage ... ..	30

Offices & Shops (Welfare of employees) ... ..	26
Factories (Welfare of employees) ... ..	15

Schools and School Canteens ... ..	18
Licenced petroleum stores ... ..	62
Animal Boarding Establishments ... ..	4

Food Premises

Butchers... ..	25
Grocers and Greengrocers ... ..	58
Catering Establishments ... ..	65
Bakers ... ..	16
Mobile shops and food delivery vehicles ... ..	15
Dairies and Milk Distributors ... ..	15
Miscellaneous ... ..	19



# SUMMARY OF COMPLAINTS INVESTIGATED 1970

Drainage, sewerage and sanitation	...	...	...	...	...	...	...	...	18
Refuse	...	...	...	...	...	...	...	...	5
Insanitary conditions	...	...	...	...	...	...	...	...	7
Insect Pests and Vermin	...	...	...	...	...	...	...	...	12
General Housing Defects	...	...	...	...	...	...	...	...	23
Water Supply	...	...	...	...	...	...	...	...	16
Rats and Mice	...	...	...	...	...	...	...	...	65
Food	...	...	...	...	...	...	...	...	3
Noise	...	...	...	...	...	...	...	...	3
Miscellaneous	...	...	...	...	...	...	...	...	3

## S E C T I O N   D

### HOUSING

#### The Provision of New Houses

##### Council Houses

###### Kings Sutton

The nine flats for elderly people at Astrop Grange, Kings Sutton, were officially opened in August; the 12 bungalows erected in the grounds of Astrop Grange were occupied later in the year.

Work commenced on 21 flats at Cherwell Banks and 2 houses at Astrop Road.

###### Middleton Cheney

Seven houses were completed at Bull Baulk and 12 houses are under construction at Arrow Close (off Bull Baulk).

###### Charlton

Two houses were completed at Farthinghoe Road.

###### Croughton

Two houses were completed at Wheelers Rise.

The future building programme is now in preparation for dwellings at The Globe, Aynho; off Farthinghoe Road, Charlton; Thorpe Road, Chacombe and at Moreton Pinkney.

The number of Council dwellings in the individual parishes is shown on page 40.

#### The Improvement of Housing Conditions(Private Houses)

During the year applications for grants were approved for the improvement of 32 houses; 10 by way of Standard Grants and 22 by Improvement Grant (formerly known as the Discretionary Grant).

This is an increase of only 8 on the previous year and is an indication that the increased grant payments sanctioned by the Housing Act 1969 have not so far proved as attractive to the owners of property as was anticipated. Nevertheless the Council have always encouraged owners of sub-standard property to make application for grant-aid. This positive policy has resulted in many houses being saved, and as a result the number of sub-standard houses has been substantially reduced. Since 1949, when grants were made available, some 670 houses have been improved.

Similarly the number of "unfit" houses continues to decrease as the appropriate 'Slum Clearance' action is taken by the Council.

Details of slum clearance action taken in the year is as follows:-

	<u>No. of houses</u>
Subject to Demolition Order and demolished	1
Closing Orders made	4
Demolition Orders made	4
Made fit for habitation. Demolition Orderes rescinded	3
Made fit for habitation. Closing Orders rescinded	3

STATEMENT OF HOUSING PROGRESS

PROVISION OF COUNCIL DWELLINGS

	Pre-War War-time dwellings.	Post War Dwellings.	Sub-standard dwellings acquired and reconditioned.	Totals:
Aston-le-Walls	16	8	-	24
Aynho	-	30	6	36
Boddington (Upper & Lower)	6	23	-	29
Chacombe	17	21	-	38
Chipping Warden	-	62	-	62
Croughton	8	33	-	41
Culworth	21	21	-	42
Edgcote	-	-	-	-
Evenley	-	13	6	19
Eydon	12	13	-	25
Farthinghoe	10	20	-	30
Greatworth & Halse	16	41	-	57
Helmdon	16	44	-	60
Hinton-in-the-Hedges	-	6	-	6
Kings Sutton	66	201	-	267
Marston St.Lawrence	6	16	-	22
Middleton Cheney & Overthorpe	71	224	-	295
Moreton Pinkney	8	9	-	17
Newbottle & Charlton	18	29	-	47
Radstone	-	-	-	-
Sulgrave	14	25	-	39
Syresham	38	37	-	75
Thenford	-	-	-	-
Thorpe Mandeville	6	6	-	12
Warkworth	-	-	-	-
Whitfield	-	6	-	6
Totals:	349	888	12	1249





## S E C T I O N     E

### INSPECTION AND SUPERVISION OF FOOD PREMISES

#### Food Premises

The number and class of food premises in the district is shown on page 44 . Control of the sale of food from these premises is effected by the Food & Drugs Act 1955 and the Food Hygiene (General) Regulations; the latter were consolidated and amended in 1970 and the principal requirements relate to:-

- (a) The cleanliness of premises used for the purposes of a food business and of the equipment that is used.
- (b) The hygienic handling of food.
- (c) The cleanliness of persons engaged in the handling of food and of their clothing, and the action to be taken where they suffer from or are the carriers of certain infections likely to cause food poisoning.
- (d) The construction of premises used for the purposes of a food business and their repair maintenance.
- (e) The provision of water supply and washing facilities.
- (f) The proper disposal of waste material.
- (g) The temperature at which certain foods are kept on catering premises.

The public health inspector made 198 visits of inspection of these premises. Generally the standard of hygiene is good; all shops comply with the regulations regarding washing facilities etc. (paragraph e above) however it is only by continual inspection that the standard is maintained. It is self-evident that the attitude of the management and staff in food establishments towards food hygiene is the most vital factor. Bad habits and thoughtlessness, laziness or ignorance can nullify the efficiency of the most expensive and sophisticated apparatus in the cleanest establishment.

This is especially so with refrigerated display cabinets which are often misused. They are sometimes found to be overloaded and new deliveries are placed on top of old so that there is no proper rotation of stock and food may be sold "out of date". The shop-keeper should adopt his own system of date stamping the product to ensure that this does not happen. Investigations throughout the country undertaken by public health inspectors have shown many

instances of out of date stock being sold. The manufacturers have their own confidential coding and it is now strongly advocated that all packed perishable foods should clearly show a date either of manufacture or date after which the food is not 'fresh'. This is particularly important with such foods as pies, sausages and milk products. This move to open dating is being resisted by both manufacturers and shop-keepers because it would entail a more accurate assessment of consumer demand and no doubt this would result in an increase in prices but there is no doubt that the housewife would prefer to pay a little extra for really safe, fresh food.

#### Complaints about Food and Food Premises.

There were only three complaints as follows:-

Rancid bacon.

Two complaints alleging dirty food premises.

With regard to the rancid bacon, this was willingly withdrawn from stock by the shop keeper. The two food premises were inspected and apart from minor infringements of the regulations were found to be satisfactory.

#### Milk Supply

With the exception of a very small amount, all milk sold to consumers in this district is heat-treated and control of the supply is effected by the Milk (Special Designations) Regulations and the Milk and Dairies (General) Regulations. Retail distributors are licenced by the Council and there are 16 licenced distributors. There are no heat treatment plants in the district.

The Public Health Inspector regularly samples the milk and 42 samples were subjected to statutory tests during the year. Two tests are applied the Phosphatase Test to determine whether the milk has been properly pasteurised and the Methylene Blue Test to determine its keeping quality. All samples satisfied the Phosphatase test but four samples failed the Methylene Blue test. The dairies and the appropriate licensing authorities were informed of these failures.

Some concern is felt regarding the untreated milk which is supplied on estates and farms to the employees. Such milk is potentially dangerous particularly so in respect of brucellosis (undulant fever) which can be transmitted from cows to man by milk,. Attempts are being made to eradicate

this disease in animals but it is still not obligatory to slaughter those animals which when tested are found to be positive reactors.

### Ice Cream

This product which in the past has given rise to numerous outbreaks of disease, is now subject to rigid control during manufacture and sale and cases of disease attributed to the consumption of infected ice-cream are very few in number.

Premises where ice-cream is manufactured or sold have to be registered by the Council and 33 premises are registered in this district for the sale of ice-cream; no ice-cream is manufactured in this district.

Nine samples were taken from vendors and sent for statutory testing and grading. Six of the samples were placed in Grade 1 and three in Grade 11. Both these grades are satisfactory.

### Meat Supply

There are no slaughterhouses in the district and the nine butchers obtain most of their fresh meat from the abattoirs in Northampton and Banbury.

### SAMPLES TAKEN IN THE BRACKLEY RURAL DISTRICT IN THE 12 MONTHS ENDING 31st MARCH 1971. BY THE NORTHAMPTONSHIRE COUNTY COUNCIL -WEIGHTS AND MEASURES DEPARTMENT

					Brought forward		
					37		
Milks ...	...	...	...	24	Meat & Fish Pastes...	...	3
Baby Foods ...	...	...	...	1	Peanut Butter ...	...	1
Baking Powder..	...	...	...	1	Pork Pies ...	...	3
Butter...	...	...	...	2	Sausages, etc..	...	5
Cakes, Biscuits	...	...	...	1	Sausage Rolls..	...	2
Chutney & Sauces	...	...	...	1	Soft Drinks ...	...	4
Dried Vegetables	...	...	...	1	Trifles, etc ..	...	1
Fish Products..	...	...	...	1	Wines & Spirits	...	3
Health Drinks .	...	...	...	1	Yoghurt	...	1
Jams, etc.	...	...	...	3	Creams	...	2
Margarine	...	...	...	1			
Carried forward					Total		
					62		



## REMARKS

It is pleasing to be able to report that none of the samples which were procured in the Rural District during the period under review was found to be unsatisfactory by the Public Analyst.

Two samples of untreated milk were sent to the Public Health Laboratory and were subjected to the brucella ring test. Both samples were found to be satisfactory.

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Details of the various Food Premises in the District are as follows:-

Provision Shops	...	...	...	...	...	...	...	44
Butchers' Shops	...	...	...	...	...	...	...	10
Bakehouses	...	...	...	...	...	...	...	2
Restaurants & Cafés	...	...	...	...	...	...	...	6
Public Houses	...	...	...	...	...	...	...	32
Factory Canteens	...	...	...	...	...	...	...	1
School Kitchens	...	...	...	...	...	...	...	7
Premises Registered for the sale of Ice-cream	...	...						35
Milk Distributors...	...	...	...	...	...	...	...	16

## SECTION F

### THE PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

#### Health Services and Public Health Act, 1968.

#### Public Health (Infectious Diseases) Regulations

#### Notification of food poisoning and infectious diseases

All provisions governing the notification of infectious disease and food poisoning are in Sections 47 to 49 of the Health Services and Public Health Act 1968 and the Public Health (Infectious Diseases) Regulations 1968.

The infectious diseases to be notified to the medical officer of health are:-

Acute encephalitis	Ophthalmia neonatorum
Acute meningitis	Paratyphoid fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery	Tetanus
(amoebic or bacillary)	Tuberculosis
Infective jaundice	Typhoid fever
Leprosy	Typhus
Leptospirosis	Whooping Cough
Malaria	Yellow fever
Measles	

Since 1968 notification of the diseases listed below is no longer required:-

Acute influenzal pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute pneumatosis	Eucerebral pyrexia

Responsibility for notifying a case or suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case.

The total number of infectious diseases notified during the year was 46 showing an increase on last year's figure of 29. There were 5 cases of infective jaundice compared with 3 in 1969.

MEASLES The incidence of measles notification increased. There were 21 cases as compared with 16 in 1969. While measles is no longer a major cause of morbidity in Britain, it is an unpleasant illness and few reach adult life without having contracted it. In addition in the five years preceding 1968 there were 467 deaths. An infection of such universality may result in complications, including neurological sequelae and respiratory, eye and aural infections, and during an epidemic year as many as 8,000 hospital admissions may occur.

The regular biennial cycle of epidemics of measles failed to occur in the 1968-69 winter and again in the winter of 1969-70 there was no national epidemic, due probably to the programme of immunisation which began in 1968. The suspension of vaccination in March 1969 of a certain batch of vaccine led to a shortage and the rate of immunisation has been less than sufficient to prevent the number of susceptible children increasing with the new births each year. It was evident by the middle of 1970 that the incidence of measles would be high as notifications markedly increased and continued throughout the year. It is to be hoped that this will be the last measles epidemic.

#### RUBELLA

Rubella vaccination became available in November 1970 and this was offered to all girls in the 14th year of life, i.e. aged 13. A comprehensive campaign was launched by the County Health Department in the form of letters to general practitioners, and parents informing them of the availability of the vaccine and urging as many girls as possible to have the vaccination. It is hoped to lower the age limit to cover 12 year old girls as soon as further supplies of the vaccine are available.

WHOOPIING COUGH There were 14 notifications. Acceptance rate to immunisation is high and the incidence of this condition is low. Cases still occur as immunisation is not completely effective, however in the majority of children who have received immunisation the illness is usually mild.

SCARLET FEVER Six cases were notified, five from Croughton and one from Charlton. This disease continues to exhibit its mild phase. The principal interest in its notification is that it gives some indication of the degree of streptococcal infection in the community.

POLIOMYELITIS No cases occurred and this freedom can be ascribed to immunisation as the decline in incidence has occurred concurrently with vaccination. The oral Sabin vaccine is now used which gives a longer lasting immunity than the Salk or injected variety. A drink of syrup or a lump of sugar is also more acceptable to the young patients than the previous needle prick.

FOOD POISONING There were no cases notified during the year.

The condition is usually caused by one of the Salmonella organisms, of which there are a large number. The commonmost strain being that of typhimurium. Salmonella infection is common in bovines, and the incidence of infection on farms is now notified by the Divisional Veterinary Officer to the Medical Officer of Health. Farm workers are then warned of the possibility of human infection, and given details of hygiene precautions to prevent incidence in themselves or their families.

Other causes of food poisoning are staphylococcus which may gain entry to food from an infected spot on the face, hands or arms of a food handler which may cause a severe form of illness. As the symptoms result from a toxin which is unaffected by heat, cooking the infected food in this case does not prevent the illness. More rarely typhoid fever, botulism or chemical contaminants may occur. However the commonest germ is the salmonella which gains entry into food because of the faulty personal hygiene of food handlers. The sources of infection are numerous, probably uncooked contaminated (often imported) meat being today one of the most frequent.

SMALLPOX It has recently been recommended by the Department of Health and Social Security that vaccinating against smallpox need no longer be carried out as a routine procedure in early childhood, as the risk of exposure to infection is far less likely than at any previous time since the disease was first recorded in this country.



It is however emphasised that all travellers to and from areas of the world where smallpox is endemic or countries where eradication programmes are in progress, and health service staff who come into contact with patients, should be offered vaccination and re-vaccination.

DIPHTHERIA There have been no cases of diphtheria in Northamptonshire since 1956. There is therefore with each successive year of freedom from infection, a diminishing recollection of the dangers of this illness. Mothers without knowledge of the disease feel a false security and may not have their children immunised. That this is a dangerous situation cannot be too strongly stressed, as it is only by keeping up the numbers of children immunised that the disease be kept in check. It is the duty of all parents to have their children immunised, and if they fail to do so they neglect their welfare.

INFECTIVE JAUNDICE The Minister of Health gave sanction that this disease should be made locally notifiable as from 1st July, 1962. By arrangement with other District Councils this also became operative in the County of Northamptonshire. Under the Health Services and Public Health Act 1968 this disease has now become nationally notifiable as Infective Jaundice. Five cases were notified during the year.

Acute Infective Jaundice is a disease caused by a virus, which attacks the liver and causes jaundice. It is mainly an infection of young people of faecal-oral spread, and with an incubation period of 15-50 days. The incriminative routes of infection are from food handlers, water, and children to their mothers. The virus is present in faeces 16 days before jaundice, and up to 8 days after. Serum hepatitis, which is another form of infective jaundice, has a longer incubation period of 50-160 days and affects mainly adults and can be spread by blood transfusion and inefficiently sterilised equipment used by doctors, dentists, nurses and drug addicts, and in the various tattooing processes. The clinical groups of these two types of hepatitis are indistinguishable. There is no specific treatment and a jaundiced adult would be away from work from six weeks to two months, and sometimes might not feel really fit for a year. Quarantine measures are of little value, and patients can be treated at home or in hospital provided adequate hand washing techniques are practised, with current disinfection of excreta. Serum hepatitis can be virtually abolished, if disposal equipment

was generally introduced. In this County disposable equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of value for the protection of close contacts and pregnant woman during epidemics.

RESPIRATORY INFECTIONS AND INFLUENZA Six deaths are recorded this year from pneumonia, two from bronchitis and two from influenza, though at the end of 1969 and the beginning of 1970 there was a severe outbreak of influenza which placed a heavy burden on the health services, the major part being on the general practitioners. The care provided during the four weeks of the outbreak was exemplary and was evidence of the value of the general practitioner care of the community.

Other respiratory infections are now seldom a cause of death, except as a terminal event, but remain a considerable cause of ill-health. These are still the highest cause of loss of working hours, and bronchitis, nasal catarrh and sinus infections are still a cause of much disability.

# PERIOD DISTRIBUTION OF NOTIFIED CASES OF INFECTIOUS DISEASES

A statement showing the period distribution of the cases notified is given hereunder.

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	January	February	March	April	May	June	July	August	September	October	November	December	TOTALS
Scarlet Fever	-	-	2	-	2	2	-	-	-	-	-	-	6
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	13	4	3	1	-	-	-	-	-	21
Whooping Cough	-	1	1	-	2	-	4	5	-	1	-	-	14
Food Poisoning	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Jaundice	-	-	-	-	-	1	-	-	1	3	-	-	5
Polio-myelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	-	1	3	13	8	6	5	5	1	4	-	-	46

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# INCIDENCE OF INFECTIOUS DISEASES

Over the past 10 years other than Tuberculosis

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Scarlet Fever	4	7	2	4	7	5	2	6	3	6
Diphtheria	-	-	-	-	-	-	-	-	-	-
Measles	234	3	160	161	79	104	258	128	16	21
Whooping Cough	3	-	10	4	-	9	7	2	-	14
Food Poisoning	-	5	-	7	1	1	-	-	2	-
Dysentery	-	-	3	1	-	-	-	-	1	-
Infective Jaundice	-	5	9	1	1	4	35	6	3	5
Polionyelitis	-	-	-	-	-	-	-	-	-	-

# INCIDENCE OF NOTIFIABLE DISEASES 1970

(other than Tuberculosis )

In individual Parishes.

Parish	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Food Poisoning	Dysentery	Infective Jaundice	Poliomyelitis	TOTALS
Aston-le-Walls	...	-	-	-	-	-	-	-	-
Aynho	...	-	1	-	-	-	-	-	1
Boddington	...	-	2	-	-	-	-	-	2
Chacombe	...	-	1	-	-	-	-	-	1
Chipping Warden	...	-	1	-	-	-	-	-	1
Croughton	...	5	-	-	-	-	-	-	5
Culworth	...	-	-	-	-	-	-	-	-
Edgecote	...	-	-	-	-	-	-	-	-
Evenley	...	-	-	-	-	-	-	-	-
Eydon	...	-	9	-	-	-	-	-	9
Farthinghoe	...	-	-	-	-	-	-	-	-
Greatworth	...	-	3	-	-	-	-	-	3
Helmdon	...	-	2	-	-	-	-	-	2
Hinton-in-the-Hedges	-	-	-	-	-	-	-	-	-
Kings Sutton	...	-	-	4	-	-	-	-	4
Marston St. Lawrence	-	-	-	2	-	-	-	-	2
Middleton Cheney	...	-	1	7	-	-	4	-	12
Moreton Pinkney	...	-	-	-	-	-	-	-	-
Newbottle & Charlton	1	-	1	-	-	-	-	-	2
Radstone	...	-	-	-	-	-	-	-	-
Sulgrave	...	-	-	-	-	-	-	-	-
Syresham	...	-	-	-	-	-	1	-	1
Thenford	...	-	-	1	-	-	-	-	1
Thorpe Mandeville...	-	-	-	-	-	-	-	-	-
Warkworth	...	-	-	-	-	-	-	-	-
Whitfield	...	-	-	-	-	-	-	-	-
TOTALS	...	6	-	21	14	-	5	-	46



TUBERCULOSIS

Two new cases of respiratory tuberculosis were notified in the year. One male and one female.

The total cases on the Register at the end of the year was:-

<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Total</u>	
<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
36	30	14	7	50	37 = 87



## S E C T I O N G

### RODENT CONTROL

The Council are responsible for administering the provisions of the Prevention of Damage by Pests Act 1949 in the district. The principal provisions of the Act require that the Council shall take such steps as may be necessary to ensure, as far as is practicable, that the district is kept free from rats and mice and to destroy rats and mice on any land occupied by the Council. Occupiers of other property which becomes infested are required to notify the Council.

The rodent control services supervised by the department are:-

Treatment of private dwellings without charge.

Treatment of business premises on a time and material basis plus an establishment charge.

The operation of a contract service which provides for three treatments per year for a fixed charge of £5.25.

In addition the rodent operator surveys the district regularly and pays particular attention to the Council's refuse tip, road lay-bys, refuse disposal plant and sewage disposal works. The sewers in each parish are inspected every two years and test baited.

The above services have been satisfactorily maintained throughout the year and the table on the following page details the work which has been done by the Council's part-time rodent operative.

The Council co-operated with the Ministry of Agriculture Fisheries and Food and the National Farmer's Union in continuing the Rat Control Scheme which was started in 1969. The aim of the scheme is to establish a 'rat free zone' embracing the counties of Northamptonshire, Rutland and Leicestershire. Sub-committees have been formed comprising councillors, Council officers and members of the National Farmers Union and officers of the Ministry. The Council is represented on the Brackley and Byfield liason committee by a member of the Council and the Public Health Inspector.

The scheme has now been in operation some 15 months and there is no doubt that some success has been achieved. Although the requests for the services of the rodent operative have increased, this fact is no doubt due to a large extent to the publicity given to the Rat Control Scheme. The infestation have been of a minor nature and no serious major infestation has been reported.

Number of treatments undertaken

Sewers, sewerage disposal works , ditches and hedgerows	68
Refuse tips (including roadside 'lay-bys' and unofficial tips	34
Farms and smallholdings	129
Private dwellings	118
Business premises (factories, shops etc.) and schools	32
Total number of visits made to premises including visits for survey purposes	1223

Quantity of material used

Oatmeal with Warfarin	3085 lbs
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